STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

THOMAS D. WATKINS, JR.
SUPERINTENDENT OF
PUBLIC INSTRUCTION

FISCAL YEAR 2003
CHILD AND ADULT CARE FOOD PROGRAM
OPERATIONAL MEMO #26

TO: Child and Adult Care Food Program Sponsors

FROM: Julie Stark, Interim Director
Office of School Support Services

DATE: July 23, 2003

SUBJECT: **NEW REIMBURSEMENT RATES - EFFECTIVE JULY 1, 2003**

The following reimbursement rates are in effect for the period of **July 1, 2003 through June 30, 2004:**

CATEGORY	BREAKFAST	LUNCH/SUPPER	SNACK
Category A Child	$1.20	$2.19	$ .60
Category B Child	$ .90	$1.79	$ .30
Category C Child	$ .22	$ .21	$ .05
An additional $.1525 cash-in-lieu of commodities is paid for each lunch and supper. served			

The July 2003 Claim for Reimbursement will reflect the new rates.

If you have any questions regarding this memo, please contact:

Jacki Higdon, Financial Administrative Assistant
Fiscal Management
Office of School Support Services
Michigan Department of Education
P. O. Box 30008
Lansing, MI 48909
(517) 373-7391

L Please keep this memo on file or in a notebook for quick and easy reference!

JS/MM/glm

Reimbursement Computation Worksheet For Center Sponsors

		Claim Month			Year		
Meal Type	**Category**	**Number of Reimbursable Meals Served**	**Reimbursement Rate** *(effective through 6/30/2003)*	**Meal Reimbursement**	**Non-reimbursable meals/snacks**		
					Number	**A@ Rate**	**Total**
Breakfast	A		H 1.17	$			
	B		H .87	$		H 1.17 =	
	C		H .22	$			
	1. Total Breakfast Reimbursement			$			
Lunch	A		H 2.14	$			
	B		H 1.74	$		H 2.14 =	
	C		H .20	$			
	Total Number of Lunches						
	2. Total Lunch Reimbursement			$			
Supper	A		H 2.14	$			
	B		H 1.74	$		H 2.14 =	
	C		H .20	$			
	Total Number of Suppers						
	3. Total Supper Reimbursement			$			
Snack	A		H .58	$			
	B		H .29	$		H .58 =	
	C		H .05	$			
	4. Total Snack Reimbursement			$			
Cash-in-Lieu	Total Number of Lunches						
	Total Number of Suppers						
	Total Lunches + Suppers 5.		H .1525 (cash-in-lieu)	$			
	6. TOTAL Meal Reimbursement (1+2+3+4+5) $						
	7. Value of non-reimbursable meals *(far right columns of this form- breakfast, lunch, supper, snack)*			$			
	8. Food Service Operation Expenses *(Line 6 minus line C of the claim minus Line 7 of this form)*			Line 6 of the claim	Line C of the claim	Line 7 of this form	Net expenses
					-	-	=
VALUE OF CLAIM FOR REIMBURSEMENT: *(The lesser of line 6 or line 8 of this form.)*				$			